

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

cation or Docket Number

09/857,904

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	33 minus 20	13
INDEPENDENT CLAIMS	1 minus 3	
MULTIPLE DEPENDENT CLAIM PRESENT		<input checked="" type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

7/14/04 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAMS REMAINING AFTER AMENDMENT	NUMBER MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	14	MINUS	33	—
Independent	1	MINUS	3	—

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE		OR BASIC FEE	800
X\$ 9-		OR X\$18-	1836
X40-		OR X80-	
+135-		OR +270-	870
TOTAL		OR TOTAL	1366

SMALL ENTITY		OTHER THAN OR SMALL ENTITY	
RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9-		OR X\$18-	
X40-		OR X80-	
+135-		OR +270-	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT B	CLAMS REMAINING AFTER AMENDMENT	NUMBER MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	14	MINUS	33	—
Independent	1	MINUS	3	—

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE		ADDI- TIONAL FEE	
X\$ 9-		OR X\$18-	
X40-		OR X80-	
+135-		OR +270-	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT C	CLAMS REMAINING AFTER AMENDMENT	NUMBER MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	14	MINUS	33	—
Independent	1	MINUS	2	—

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE		ADDI- TIONAL FEE	
X\$ 9-		OR X\$18-	
X40-		OR X80-	
+135-		OR +270-	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.
- \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."
- \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-004

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